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January 4, 2019

#### **VIA PDF & REGULAR MAIL**

Mr. Kevin McDonald Chief, Certificate of Need Maryland Health Care Commission 4160 Patterson Avenue Baltimore, Maryland 21215

Re: Encompass Health Rehabilitation

Hospital of Southern Maryland

Matter No. 18-16-2423

Dear Mr. McDonald:

This letter is being submitted by Encompass Health Rehabilitation Hospital of Southern Maryland, LLC ("EHRHSM") in connection with its above referenced Certificate of Need ("CON") application and constitutes a modification pursuant to COMAR 10.24.01.08E. to its Letter of Intent submitted on October 25, 2017 (the "Letter of Intent") and the above referenced CON application submitted on April 20, 2018 (the "CON Application"). The applicant continues to seek a CON to build a new 60-bed acute inpatient rehabilitation special hospital in Bowie, Prince George's County (the "Project") to serve the Southern Maryland Health Planning Region and the southern communities of Anne Arundel County.

The Letter of Intent and the CON Application requested approval for sixty (60) new acute inpatient rehabilitation beds. Pursuant to this modification, EHRHSM continues to seek approval for the 60-bed hospital described herein. The sixty (60) beds, however, will be composed of (i) forty-two (42) new acute inpatient rehabilitation beds plus (ii) the bed capacity of the 18 currently temporarily delicensed acute inpatient rehabilitation beds previously located at the University of Maryland Laurel Regional Hospital and which were delicensed pursuant to the notification letter dated October 19, 2018. The bed capacity of the 18 beds will be purchased by EHRHSM upon final CON approval of the Project (i.e., after the granting of a CON for the Project and the successful completion or expiration of all appeals or judicial reviews,).

In connection with the modification request set forth herein, EHRHSM has revised the following tables:

- (i) Table E Project Budget,
- (ii) Table J Revenue and Expenses Uninflated, and
- (iii) Table K Revenue and Expenses Inflated.

Mr. Kevin McDonald January 4, 2019 Page 2

The other tables remain unchanged.

For your convenience, attached please find the entire Table Set including the revised tables. Except as set forth in this modification request and the attached tables, there are no other changes to or modifications of the Letter of Intent or the CON Application

Thank you for your consideration of this request.

Sincerely,

Carolyn Jacobs

Please see attached signature page

cc: Ruby Potter

I hereby declare and affirm under the penalties of perjury that the facts stated in this January 4, 2019 Modification Request and its attachments are true and correct to the best of my knowledge, information, and belief.

Name:

WALTER C. SMITH

Title:

Director State REGULATURY AFFAIRS

Signature:

Walter C Smith

Date:

01.04.19

Table K		Table J Revenues Service	Table I Statistica	Table H Revenues &	Table G Revenue	Table F Statistics	Table E Project Budget	Table D Site and Marshall	Table C Construc	Table B Departm	Table A Physical	Table Number	
	Revenues & Expenses, Inflated - New Facility or Service	es & Expenses, Uninflated - New Facility or	Statistical Projections - New Facility or Service	es & Expenses, Inflated - Entire Facility	Revenues & Expenses, Uninflated - Entire Facility	Statistical Projections - Entire Facility	Budget	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	Construction Characteristics	Departmental Gross Square Feet	Physical Bed Capacity Before and After Project	Table Title	
	service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.	All applicants, regardless of project type or scope, must complete Table E.	All applicants proposing new construction or renovation must complete Table D.	All applicants proposing new construction or renovation must complete Table C.	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.	Instructions	

### TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and physical count of beds. The physical count of beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a physical capacity for two beds, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

											STATE OF THE PARTY	CONTRACTOR DESCRIPTION OF THE PERSON OF THE
		Befor	Before the Project	<b>*</b>				After Pro	After Project Completion	etion		
	location	icensed		Based on Physical Capacity	ysical Capac	ity		l continu	В	Based on Physical Capacity	/sical Capad	ity
Hospital Service	(Floor/	Beds:		Room Count		Bed Count	Hospital Service	(Floor/	_	Room Count		Bed Count
	Wing)*	7/1/201_	Private	Semi-Private	Total Rooms	Physical Capacity	•	Wing)*	Private	Semi-	Total	Physical
		ACUTE CARE	ARE					ACU	ACUTE CARE			
General Medical/ Surgical*					0	0	General Medical/ Surgical*				0	0
					0	0					0	0
					0	0					0	0
					0	0					0	0
					0	0	31				0	0
SUBTOTAL Gen. Med/Surg*							SUBTOTAL Gen. Med/Surg*					
ICU/CCU					0	0	ICU/CCU				0	0
Other (Specify/add rows as needed)					0	0					0	0
TOTAL MSGA							TOTAL MSGA	104 CA 10 CA				
Obstetrics					0	0	Obstetrics				0	0
Pediatrics					0	0	Pediatrics				0	0
Psychiatric					0	0	Psychiatric				0	0
TOTAL ACUTE		0	0	0	0	0	TOTAL ACUTE		0	0	0	0
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**				0	0
Rehabilitation					0	0	Rehabilitation	1st Floor	60		60	60
Comprehensive Care					0	0	Comprehensive Care				0	0
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0
TOTAL NON-ACUTE							TOTAL NON-ACUTE					
HOSPITAL TOTAL		0	0	0	0	0	HOSPITAL TOTAL		60	0	60	60
* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit	and addictions,	if unit(s) is s	separate for a	cute psychiatric	unit						T SYSTEM TO THE PROPERTY OF	THE PROPERTY OF THE PROPERTY O

e beus dedicated to gyriecology and addictions, if unit(s) is separate for acute psychiatric unit

<sup>\*\*</sup> Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

# TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

61,810			01,010		
			24 040		Total
10,303			10,303		Gerneral Circulation
1,052			1,052		Doctors Suite
2,485			2,485		Social Services/Case Management
636		٠	636		Psych/OT/Speech
282			282		Medical Support
7,248			7,248		Physical Therapy
607			607		Pharmacy
502			502		Activities for Daily Living
2,138			2,138		Dayroom/Recreation
1,972			1,972		Dining
23,540	,		23,540		Nursing Unit
2,661			2,661		Plant Services
1,067			1,067		Environmental/Supply Chain
2,432			2,432		Dietary
3,493			3,493		Administration
1,392			1,392		Lobby/Reception
Total After Project Completion	To Remain As Is	To Be Renovated	To be Added Thru New Construction	Current	DEPARTMENT/FUNCTIONAL AREA
	ARE FEET	ENTAL GROSS SQUARE FEET	DEPARTMENTAL		

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table C for each structure.

NE	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	pplicable
Class of Construction (for renovations the class of the		
Class A	<u> </u>	
Class B		
Class C		
Class U		
Average		
Good		
Excellent	<	
Number of Stories		
*As defined by Marshall Valuation Service		
PROJECT SPACE	List Number of Feet, if applicable	et, if applicable
Total Square Footage	Total Square Feet	are Feet
Basement		
First Floor	61,810	
Second Floor		
Fourth Floor		
Average Square Feet	61 810	
Perimeter in Linear Feet	Linear Feet	Feet
Basement		
First Floor	1,764	
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet	1,764	
Average Linear Feet	1,764	
Wall Height (floor to eaves)	Feet	et
Basement		
First Floor	16' - 10"	
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height	16' - 10"	
CITER COMPONENTS		
Elevators	List Number	ımber
Passenger	0	
Lielliit	0	
Sprinklers	Square Feet Covered	t Covered
Wet System	61,810	
Dry System		
Other	Describe Type	е Туре
Type of HVAC System for proposed project	Packaged cooling with VAV and electric heat	nd electric heat
Type of Exterior Walls for proposed project	Steel frame with sheathing, insulation board and brick	sulation board and brick

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

plants), complete an additional Table D for each structure. INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy

\$0	\$2,093,600	TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*
\$0	\$1,315,000	TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs
	\$100,000	Subtotal Off-Site excluded from Marshall Valuation Costs
		Other (Specify/add rows if needed)
	\$100,000	Jurisdictional Hook-up Fees
		Utilities
		Roads
		OFFSITE COSTS
	\$1,215,000	Subtotal On-Site excluded from Marshall Valuation Costs
		Other (Specify/add rows if needed)
	\$100,000	Yard Lighting
		Walls
	\$250,000	Landscaping
	\$15,000	Exterior Signs
	\$350,000	Paving
	\$0	Hillside Foundation
	\$400,000	Rough Grading
	\$100,000	Storm Drains
		Site Demolition Costs
	\$778,600	Subtotal included in Marshall Valuation Costs
	\$350,000	Utilities from Structure to Lot Line
	\$428,600	Normal Site Preparation
		SITE PREPARATION COSTS
RENOVATION COSTS	NEW CONSTRUCTION COSTS	

<sup>\*</sup>The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

#### TABLE E. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

NOTE: Inflation should only be included in the inflation allowance line A.f.e. The value of donated land for the project should be included on Line A.f.d as a use of funds and on line B.8 as a source of funds

A. USE OF PLAYOS         CONTRACTORIS           a. Num Construction         \$17,940,940         \$17,940,940         \$17,940,940           (1) Building         \$2,023,000         \$2,023,000         \$2,033,000           (2) Bed Purchase         \$2,033,000         \$2,033,000         \$2,033,000           (3) Sile and Infrastructure         \$2,033,000         \$2,033,000           (4) ArchitectEngineering Fees         \$3,035,000         \$3,035,000           (5) Parmit (Solindary, Unifiers, Elb.)         \$35,007,000         \$30,000           (6) Parmit (Solindary, Unifiers, Elb.)         \$30,000         \$30,000           (7) Building         \$30,000         \$30,000         \$30,000           (8) Parmit (Solindary, Unifiers, Elb.)         \$30,000         \$30,000         \$30,000           (9) String (Solindary, Unifiers, Elb.)         \$30,000         \$30,000         \$30,000           (9) String (Solindary, Unifiers, Elb.)         \$30,000         \$30,000         \$30,000         \$30,000           (9) String (Solindary, Unifiers, Elb.)         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$30,000         \$	1000   1000	tance liting, Community Support) tees raffic Study, Title Costs, Fund  posts IDS IDS IPProceeds listed in #3 FUNDS FUNDS Hospital I
S17,840,840   S2,321,000   S2,323,000   S3,110,151   S3,40,000   S1,323,000   S1,	0000 884 \$0 800 0000 0000 894 \$0 0000 894 \$0 894 \$0 0000 894 \$0 0000 894 \$0 0000 894 \$0 0000 894 \$0	tance tance tiling. Community Support) ees raffic Study, Title Costs, Fund  sts  proceeds  proceeds listed in #3
S17,940,840   S2,321,000   S2	000	tance tance lling, Community Support) ress raffic Study, Title Costs, Fund  expected) proceeds listed in #3
S17,940,940   S2,321,000   S2,321,000   S2,321,000   S2,321,000   S2,321,000   S2,321,000   S2,321,000   S1,065,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,527   S1,665,620   S1,665,627   S1,665,620   S1	000	lance liting, Community Support) ees raffic Study, Title Costs, Fund  Sosts IDS IDS IDS IProceeds listed in #3 IPROCEEDS IPR
\$17,840,840   \$2,231,000   \$2,231,000   \$2,231,000   \$2,231,000   \$2,231,000   \$2,231,000   \$2,231,000   \$2,260,800   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,227   \$1,865,200   \$1,865,000   \$1	000	tance tiling, Community Support) tees raffic Study, Title Costs, Fund  sexpected) proceeds listed in #3
Struction   S17,840,840   S18,203,000   S18,203,203,203,203,203,203,203,203,203,203	1000   1000	ement Fees ount count count count cation Assistance fees fees fees fees fees fees fees fe
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TS  Struction  \$17,840,840   Insert Induction  \$2,287,000  Inserting Fees  \$2,287,000  \$2,287,000  \$2,093,600  Inserting Fees  \$3,093,600  Inserting Fees  \$3,093,600  Inserting Fees  \$3,000,000  Inserting Fees  Inserting F	\$0 \$0 \$0	ement Fees ount count count count count cation Assistance fees fees fees fees frees
TS  Struction  \$17,840,840  S17,840,840  S17,840  S17,840,840  S17,840,840  S17,840,840  S17,840,840  S17,840	\$0 \$0 \$0 \$0	ement Fees ount ount count count count lication Assistance Fees Fees Consulting Community Support) Consulting Fees Fees (Appraisal, Traffic Study, Title Costs, 19) Stallation AL AL SES OF FUNDS SES OF FUNDS SES OF FUNDS SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS  SES OF FUNDS
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TS  Struction  \$17,840,840    \$2,221,000    \$2,221,000    \$2,221,000    \$2,221,000    \$2,221,000    \$2,093,800    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,685,227    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,100,151    \$1,000,000    \$1,100,000	\$0 \$0 \$0	ement Fees ount
TS  STRUCTION  \$17,840,840  \$2,237,000  \$2,093,000  Trigispering Fees \$1,965,227  \$1,965,2	\$0 \$0 \$0 \$0	ement Fees -count -count -cation Assistance Fees Fees Fees Traffic Study, Title Costs, 19 10 10c Reserve Fund 11 11 11 11 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
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Aprilac COSTS	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees d1. Legal Fees d1. Legal Fees d1. Legal Fees d2. Other (Appraisal, Traffic Study, Trile Costs, Engineering) e. Debt Service Reserve Fund f ACE-IT Installation SUBTOTAL SUBTOTAL
CAPITAL COSTS	\$0 \$0 \$0	a. Loan Placement Fees b. Bond Discount c. CON Application Assistance cf. Legal Fees cf. Legal Fees cf. Conter (CON Consulting, Community Support) d. Non-CON Consulting Fees df. Legal Fees df. Legal Fees df. Other (Appraisal, Traffic Study, Title Costs, Engineering) e. Debt Service Reserve Fund f. ACE-IT Installation
SE OF FUNDS   STALL COSTS	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees d1. Legal Fees d2. Other (Appraisal, Traffic Study, Title Costs, Engineering) e. Debt Service Reserve Fund f ACE-IT Installation
SE OF FUNDS   S.A.PITAL COSTS   S.A.PITAL COST	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c:1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees d1. Legal Fees d1. Legal Fees d2. Other (Appraisal, Traffic Study, Title Costs, Engineering) Engineering Engineering Engineering
SE OF FUNDS	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees d2. Other (Appraisal, Traffic Study, Title Costs, Engineering)
SE OF FUNDS	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance cft. Legal Fees cd. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees dft. Legal Fees dft. Legal Fees dft. Colher (Appraisal, Traffic Study, Tritle Costs,
SE OF FUNDS   SCAPITAL COSTS   S. CAPITAL COSTS   S. New Construction   S17,840,840   (1) Building   S2,231,000   (2) Bed Purchase   S2,033,500   (3) Site and Infrastructure   S2,033,500   (4) Architec/Engineering Fees   S2,033,500   (4) Architec/Engineering Fees   S2,033,500   (5) Permits (Building, Utilities, Etc.)   SUBTOTAL (SUBTOTAL COSTS   S24,475,742   S0   SUBTOTAL COSTS   S2,500,000   (4) Permits (Building, Utilities, Etc.)   SUBTOTAL COSTS   S2,500,000   (5) Contingency Allowance   S1,110,151   S1,101,151   S1,100,151	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees d1. Legal Fees
SE OF FUNDS   SAPITAL COSTS   ST7,840,840   (1) Building   S2,231,000   (2) Bed Purchase   S2,232,000   (3) Site and Infrastructure   S2,035,000   (4) ArchitectEngineering Fees   S2,035,000   (5) Site and Infrastructure   S2,035,000   (6) ArchitectEngineering Fees   S2,035,000   (7) SUBTOTAL	\$0 \$0	a. Loan Placement Fees b. Bond Discount c. CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support) d. Non-CON Consulting Fees
SE OF FUNDS   CAPITAL COSTS   A. New Construction   S17,840,840   (1) Building   S2,321,000	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance c1. Legal Fees c2. Other (CON Consulting, Community Support)
SE OF FUNDS   CAPITAL COSTS	\$0 \$0	a. Loan Placement Fees b. Bond Discount c CON Application Assistance ct. Legal Fees
SE OF FUNDS   SCAPITAL COSTS   ST7,840,840   (1)   Suliding   S17,840,840   (2)   Bed Purchase   S2,321,000   (2)   Site and Infrastructure   S2,855,076   S2,810   S1,685,227   S0   S168 and Infrastructure   S2,855,076   S1,685,227   S0   S1,685,227   S0   S1,685,227   S0   S0   S0   S0   S0   S0   S0   S	\$0 \$0	
SE OF FUNDS   CAPITAL COSTS   A. New Construction   S17,840,840   A. New Construction   S17,840,840   A. New Construction   S17,840,840   S2,331,000   S2,331,0	\$0 \$0	
SE OF FUNDS   CAPITAL COSTS   A. New Construction   S17,840,840   A. New Construction   S17,840,840   S2,231,000   S18 and Infrastructure   S2,033,600   S18 and Infrastructure   S2,033,600   S18 and Infrastructure   S1,665,227   S18 and Infrastructure   S2,607,000   S18 and Infrastructure   S2,607,000   S1,600   ArchitectEngineering Fees   S2,4475,742   S0   S2,4475,742   S0   S0   S1,600,000   ArchitectEngineering Fees   S2,4475,742   S0   S0   S0   S0   S0   S0   S0   S	\$0 \$0	- 1
SE OF FUNDS   CAPITAL COSTS	\$0 \$0	
STS   ST7.840.840   St7.840.	\$0 \$0	Financing Cost and Other Cash Requirements
STTS   STTS   STT, 240, 240   St. 2321,000   St. 2321,000   Infrastruction   S17, 240, 240   S2, 2321,000   Infrastructure   S2, 2321,000   S2, 2321,000   S2, 2321,000   S2, 2323,600   S2, 233,600   S3, 23, 23, 233,600   S3, 23, 23, 233,600   S3, 23, 23, 23, 23, 23, 23, 23, 23, 23, 2	\$0	TOTAL CAPITAL COSTS
STS   STS   ST7,840,840   St	\$0 \$0	Inflation Allowance
STS   ST, 240, 240	\$0 \$0	Land Purchase \$
STTS   STT	\$0	RENT CAPITAL COSTS
STTS		SUBTOTAL
STTS   STTS   STT, 240, 240		Technology Equipment
STTS   STT		Gross interest during construction period
STTS   STTS   STT, 240, 240		Contingency Allowance
STS   STS   ST7,840,840   ST		) Movable Equipment
STTS   ST, 240, 240		- 1
STTS   STTS   ST7.840.840	\$0	SUBTOTAL
STS   STS   ST, 240, 240   ST, 240	60	Permits (Building, Utilities, Etc.)
### ### ### ##########################	60	
STTS       Instruction       \$17,840,840       chase       \$2,93,000       Infrastructure       \$2,93,600       MEngineering Fees       \$1,665,227       (Building, Utilities, Etc.)       \$25,076       \$24,475,742       \$0	60	
STTS       Instruction     \$17,840,840       chase     \$2,321,000       Infrastructure     \$2,033,800       Infrastructure     \$1,665,227       (Building, Utilities, Etc.)     \$55,076       \$24,475,742     \$0	20	1
STS   S17,840,840	30	Depositions
STS   STRUCTION   ST7,840,840   Characteristics   S2,231,000   Chase   S2,231,000   Chase   S2,093,600   Chase   S2,093,600   Characteristics   S2,093,600   Characteristics   S2,093,600   Characteristics   S1,665,027   Characteristics   S1,665,028   Characteristics   S1,665,028   Characteristics   S2,035,028   Characteristics   S1,665,028   Characteristics   S2,035,028   Characteristics   S2,035,02	60	SIBTOTAL
INSTER STRUCTION S17,840,840 S2,231,000 S2,033,000 S2,000 S2,00		Permits (Building Littlities Etc.)
STS Instruction  \$17,840,840  chase  \$2,321,000  chase  \$2,321,000  chase  \$2,321,000  chase		Architect/Engineering Fees
05TS nstruction		Site and Infrastructure
ISTS Instruction		Bod Brokess
STS		New Construction
OLOGORA Camena Camena Comena C		I. CATTACCOOLS
Substitution Substitution		1 CABITAL COSTS

s. Other (specifyladd rows it needed)

\* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project), Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants

must explain why the assumptions are reasonable.							
)	Projected Years (ending at least two years after project completion and full occupancy) include additional y and K.	at least two years after	r project completion an	d full occupancy) Inclu and K.	de additional years, if i	needed in order to be co	/ears, if needed in order to be consistent with Tables J
Indicate CY or FY	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025		
1. DISCHARGES							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA	0	0	0	0	0	0	0
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
Total Acute	0	0	0	0	0	0	0
f. Rehabilitation	904	1,218	1,500	1,500	1,500		
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL DISCHARGES	904	1,218	1,500	1,500	1,500	0	0
2. PATIENT DAYS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA	0	0	0	0	0	0	0
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
Total Acute	0	0	0	0	0	0	0
f. Rehabilitation	12,207	16,422	20,212	20,212	20,212		
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL PATIENT DAYS	12,207	16,422	20,212	20,212	20,212	0	0

#### TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

ust explain why the assumptions are reasonable. ISTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants

TOTAL AVERAGE LENGTH OF STAY ndicate CY or (FY) . Imaging

Other (Specify/add rows of needed)

OTAL OUTPATIENT VISITS Comprehensive Care
Other (Specify/add rows o otal MSGA ital MSGA Other (Specify/add rows of needed) Acute Psychiatric Obstetric Number of Patients Other (Specify/add rows of needed)

TAL LICENSED BEDS NUMBER OF LICENSED
General Medical/Surgical\* Rehabilitation General Medical/Surgical\* Rehabilitation General Medical/Surgical\* same-day Surgery OCCUPANCY PERCENTAGE \*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year Comprehensive Care mergency Department cute Psychiatric ERAGE LENGTH OF STAY of needed Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables and K. FY 2021 13.5 13.5 FY 2022 75.0% 13.5 60 FY 2023 92.3% 92.3% 13.5 60 FY 2024 92.0% 92.3% 13.5 60 FY 2025 92.3% 92.3% 13.5 13.5 60 #DIV/0!

Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

<sup>\*\*</sup> Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

# TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	STATE OF THE OWNER, SALES						CONTRACTOR OF THE PARTY OF THE
	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the	ending at least t ent that the hos	ojected Years (ending at least two years after project completion and full occupancy) Add years, if needed order to document that the hospital will generate excess revenues over total expenses consistent with the	roject completio te excess reveni	n and full occup ues over total ex	pancy) Add year xpenses consist	s, if neede ent with th	e in
			Financial	Financial Feasibility standard	dard.			
Indicate CY or FY	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025			
1. REVENUE								
a. Inpatient Services								
b. Outpatient Services								
Gross Patient Service Revenues	\$24,125,590	\$33,661,771	\$41,515,424	\$41,515,810	\$41,516,292			
c. Allowance For Bad Debt	162,986	228,194	281,940	281,940	281,940			
d. Contractual Allowance	7,634,595	10,640,589	13,107,244	13,107,244	13,107,244			
e. Charity Care	333,929	399,988	459,020	459,406	459,888			
Net Patient Services Revenue	15,994,080	22,393,000	27,667,220	27,667,220	27,667,220		49	1
f. Other Operating Revenues (Specify)								
NET OPERATING REVENUE	15,994,080	22,393,000	27,667,220	27,667,220	27,667,220		**	
2. EXPENSES								
a. Salaries & Wages (including benefits)	10,961,859	13,432,913	15,654,744	15,654,744	15,654,744			
b. Contractual Services				-	-			
c. Interest on Current Debt				-		2		
d. Interest on Project Debt				1	,			
e. Current Depreciation				-	1			
f. Project Depreciation	1,378,210	1,387,853	1,402,318	1,421,603	1,445,710			
g. Current Amortization				,				
h. Project Amortization				-	-			
i. Supplies	685,488	922,193	1,135,024	1,135,024	1,135,024			
j. Other Expenses (Specify) - Note 1	3,670,893	4,256,425	4,758,936	4,758,936	4,758,936			
TOTAL OPERATING EXPENSES	16,696,450	19,999,384	22,951,022	22,970,308	22,994,415	\$	↔	
3. INCOME								
a. Income From Operation	(702,370)	2,393,616	4,716,198	4,696,912	4,672,805	<del>\$</del>	€9	ı
b. Non-Operating Income								
SUBTOTAL	(702,370)	2,393,616	4,716,198	4,696,912	4,672,805	\$ -	\$	•
c. Income Taxes	(19,329)	65,872	129,790	129,259	-	\$		
NET INCOME (LOSS)	(\$683,041)	\$2,327,744	\$4,586,408	\$4,567,653	\$4,544,210	\$ -	\$	•

# TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	TOTAL
							6) Other
		1.4%	1.4%	1.4%	1.4%	1.3%	5) Self-pay
		12.2%	12.2%	12.2%	12.1%	10.8%	4) Commercial Insurance
		4.5%	4.5%	4.5%	5.4%	7.2%	3) Blue Cross
		4.5%	4.5%	4.5%	5.1%	6.0%	2) Medicaid
		77.5%	77.5%	77.5%	76.0%	74.8%	1) Medicare
							Total MSGA
							b. Percent of Equivalent Inpatient Days
0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	TOTAL
							6) Other
		0.9%	0.9%	0.9%	0.9%	0.9%	5) Self-pay
		10.1%	10.1%	10.1%	10.0%	9.3%	4) Commercial Insurance
		3.6%	3.6%	3.6%	4.3%	6.0%	3) Blue Cross
		2.6%	2.6%	2.6%	2.9%	3.6%	2) Medicaid
		82.8%	82.8%	82.8%	81.8%	80.2%	1) Medicare
							a. Percent of Total Revenue
							4. PATIENT MIX
		FY 2025	FY 2024	FY 2023	FY 2022	FY 2021	Indicate CY or FY
's, if needed in tent with the	ect completion and full occupancy) Add years, if needed in excess revenues over total expenses consistent with the asibility standard.	on and full occu ues over total edard.	rs after project completion an ill generate excess revenues c Financial Feasibility standard	wo years after p pital will genera Financia	ojected Years (ending at least two years after project completion and full occupancy) Add years, if needed order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.	Projected Years (ending at least two years after proj order to document that the hospital will generate of Financial Fe	

# TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are

	Projected Years	s (ending at leas	thun voors after	project completi	and full again	A dad took	
	order to docu	ment that the ho	order to document that the hospital will generate excess	ate excess rever	on and full occup	revenues over total expenses consistent with the	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the
			Financia	Financial Feasibility standard	ndard.		
Indicate CY of FY	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025		
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	\$25,069,014	\$35,537,961	\$44,552,072	\$45,290,937	\$46,049,003		•
c. Allowance For Bad Debt	169,178	240,723	302,285	307,335	312,470		
				,			
d. Contractual Allowance	7,946,449	11,245,247	14,083,724	14,312,189	14,551,139		
e. Charity Care	351,700	429,433	502,359	512,133	522,190		
Net Patient Services Revenue	16,601,687	23,622,558	29,663,704	30,159,280	30,663,205		
<ul><li>f. Other Operating Revenues (Specify/add rows of needed)</li></ul>							
NET OPERATING REVENUE	16,601,687	23,622,558	29,663,704	30,159,280	30,663,205		1
2. EXPENSES							
a. Salaries & Wages (including benefits) b. Contractual Services	11,632,812	14,540,217	17,284,103	17,629,785	17,982,381		
c. Interest on Current Debt							
d. Interest on Project Debt				1	1		
e. Current Depreciation				1	ı		
f. Project Depreciation	1,378,210	1,387,853	1,402,318	1,421,603	1,445,710		
g. Current Amortization					-		
h. Project Amortization				-	-		
i. Supplies	727,445	998,211	1,253,158	1,278,222	1,303,786		
j. Other Expenses (Specify/add rows of needed)	3,846,525	4,545,376	5,178,373	5,277,055	5,377,633		
TOTAL OPERATING EXPENSES	17,584,993	21,471,657	25,117,952	25,606,665	26,109,510		-
3. INCOME							
a. Income From Operation	(983,305)	2,150,900	4,545,752	4,552,615	4,553,694	1	•
b. Non-Operating Income							
SUBTOTAL	(983,305)	2,150,900	4,545,752	4,552,615	4,553,694	•	•
c. Income Taxes	(27,061)	59,193	125,099	125,288	125,318	-	
NET INCOME (LOSS)	(\$956,245)	\$2,091,707	\$4,420,653	\$4,427,327	\$4,428,376	•	-

# TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Application, provide an explanation or basis for the projections and specify all assumptions used. Application why the assumptions are

0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	TOTAL
						6) Other
	1.4%	1.4%	1.4%	1.4%	1.3%	5) Self-pay
	12.2%	12.2%	12.2%	12.1%	10.8%	4) Commercial Insurance
	4.5%	4.5%	4.5%	5.4%	7.2%	3) Blue Cross
	4.5%	4.5%	4.5%	5.1%	6.0%	2) Medicaid
	77.5%	77.5%	77.5%	76.0%	74.8%	1) Medicare
						b. Percent of Equivalent Inpatient Days
	100.0%	100.0%	100.0%	100.0%	100.0%	TOTAL
						6) Other
	0.9%	0.9%	0.9%	1.0%	0.9%	5) Self-pay
	10.5%	10.4%	10.4%	10.3%	9.5%	4) Commercial Insurance
	3.7%	3.7%	3.7%	4.4%	6.1%	3) Blue Cross
	2.7%	2.7%	2.7%	3.0%	3.7%	2) Medicaid
	82.2%	82.3%	82.3%	81.3%	79.8%	1) Medicare
						a. Percent of Total Revenue
						4. PATIENT MIX
	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021	Indicate CY of FY
ears, if needed in sistent with the	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.	rs after project completion an ill generate excess revenues of Financial Feasibility standard.	st two years after ospital will gener Financia	s (ending at leas ument that the h	Projected Year order to doc	)

# TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are

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Income Taxes: 2.752% of Net Income	lotal Other Operating Expenses	Management Fees - 5% of NPR	Other Fixed	Insurance / Bonding	Director's Fees	CIO Experise	Legal and Professional Fees	Culet variable experises	Contract Services	Othlities/ Leiephone	Curer Operating Expenses  Registration Maintenance	Supply Costs	Benefits as % of Salaries & Wages	Average Clinical FTE Salaries & Wages	Labor Costs Average Non-Clinical FTE Salaries & Wages	lotal Files	Clinical EPOB	Fixed Staff (Non-Clinical FTEs)	Staffing	Bad Debt as % of NPR	Contractual Allowance % of Gross Revenue	Charity Care	Non Medicare Per Diem Rates	Medicare CMI	Medicare Reimbursement per Case	% Non Medicare Cases	% Medicare Cases	Dationt Date	LOS	% Non Medicare Cases	% Medicare Cases	Cases		
			2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%							2.0%	2.0%		1.6%								Inflation	
(\$27,061)	\$3,846,525	830,084	498,105	179,808	184,144	97,631	5,763	626,505	562,119	446,687	\$415,678	\$727,445	22.6%	\$84,567	\$68,765	121.1	2.2	47.9		1.0%	31.7%	\$351,700	1,102	1.34	\$19,699	25%	75%		13.5	25%	75%	904		FY 2021
\$59,193	\$4,545,376	1,181,128	508,067	183,404	187,827	99,584	5,878	692,190	771,349	455,621	\$460,329	\$998,211	22.6%	\$86,259	\$70,141	146.4	2.2	47.9		1.0%	31.6%	\$358,734	1,134	1.34	\$20,882	24%	76%		13.5	24%	76%	1,218		FY 2022
\$125,099	\$5,178,373	1,483,185	518,229	187,072	191,583	101,575	5,996	754,784	968,354	464,733	\$502,861	\$1,253,158	22.6%	\$87,984	\$71,543	169.1	2.2	47.9		1.0%	31.6%	\$365,909	1,162	1.34	\$21,179	23%	77%		13.5	22%	78%	1,500		FY 2023
\$125,288	\$5,277,055	1,507,964	528,593	190,814	195,415	103,607	6,116	769,880	987,722	474,028	\$512,918	\$1,278,222	22.6%	\$89,743	\$72,974	169.1	2.2	47.9		1.0%	31.6%	\$373,227	1,185	1.34	\$21,518	23%	77%		13.5	22%	78%	1,500		FY 2024
\$125,318	\$5,377,633	1,533,160	539,165	194,630	199,323	105,679	6,238	785,277	1,007,476	483,509	\$523,176	\$1,303,786	22.6%	\$91,538	\$74,434	169.1	2.2	47.9		1.0%	31.6%	\$380,691	1,209	1.34	\$21,862	23%	77%		13.5	22%	78%	1,500		FY 2025

#### TABLE H. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project, include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

		-			-						
	CURRE	CURRENT ENTIRE FACILITY	VCILITY	PROJECT OF TI THRO PROJEC	PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)		OTHER E OPERATIC YEAR OF	OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)	ANGES IN THE LAST CURRENT	PROJ FACIL THE L	PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF
	Current					- 100				7,001	Total Cost
Job Category	Year	Salary per	Year Total	FTEs	Salary per	with	FTEs	per	Total Cost	FTEs	(should be consistent with
	ָ ק	7	COST		7	Table G, if		Ī			projections in Table G)
1. Regular Employees	No. of the last					outermace).					
Administration (List general											
Chief Executive Officer	STATE STATE OF	STATE OF STATE OF	\$0	10		60	98716 JUNE	STATE STATE OF THE PARTY OF THE	90		30
Chief Nursing Officer			\$0	1.0		\$0			\$0	100	\$0
Director of Therapy Operations			\$0	1.0		\$0			\$0	1.0	\$0
Controller			\$0	1.0		\$0			\$0	1.0	\$0
Director of Quality			\$0	1.0		\$0			\$0	) c	\$0 O
Director of Pharmacy			\$0	1.0		\$0			\$0	1.0	\$0
Total Administration			\$0	7.0	\$172,667	\$172,667 \$1,208,667			\$0	7.0	\$1,208,667
Categories, add rows if needed)											
Nursing			\$0	72.9	\$93,998	\$6,852,743			\$0	72.9	\$6,852,743
Pharmacy			\$0	34.2	104,049				\$0	34.2	3,563,682
Care Management			\$0	7.3	92,743	680,663			\$0	7.3	680,663
Food Services			\$0	11.0	53,054	584,065				11.0	584,065
Support Staff (List general			\$0	6.671	394,534	\$12,280,506			\$0	129.9	\$12,280,506
categories, add rows if needed)					STATE OF STREET				COLUMN TOWN		
EVS/Maintenance/Supply			\$0	12.1	\$100,988	,,			\$0	19.3	\$938,824
Clerical			\$0	10.8	47,150	507,538			\$0	10.8	507,538
Total Support			\$0	33	130 732	8			\$0	0.0	0
REGULAR EMPLOYEES TOTAL			\$0	169.1		\$15.654.744			\$0	169 1	\$15,654,744
2. Contractual Employees		7									
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			SO			\$0			\$0	0.0	\$0
(0)									90	0.0	80
categories, add rows it needed)	MAN WATER	A CHE STRUM SE UNIS	20	TO THE REAL PROPERTY.		80	of the same				
			\$0			\$0			\$0	0.0	\$ 6
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
Support Staff (List general			**			60			80	0.0	a)
categorics, and rows " records)	Part of the Part of	UKASON KISANSAN (IN	\$0	AND RESIDENCE		60	AST A1877	The section of the second	200	20	
			\$0			\$0			<b>\$</b> 0	0.0	900
			\$0			\$0			\$0	0.0	\$0
Total Company Ctats			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL	TAL		\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below):											
10141 0001											
TOTAL COST	0.0	THE STATE OF THE	\$0 169.1	169.1		\$15,654,744	0.0		\$0		\$15,654,744